



13281 U.S. PTO

PTO/SB/05 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>M4065.0243/P243 A</b>	
		First Inventor <b>Craig A. Hickman</b>	
		Title <b>WAFER ALIGNMENT SYSTEM</b>	16834 U.S. PTO 10/7/11291
		Express Mail Label No.	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>24</b> ] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings <i>(if filed)</i></li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>6</b> ]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper	
5. Oath or Declaration [Total Sheets <b>  </b> ] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		<b>ACCOMPANYING APPLICATION PARTS</b>	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/652,218</b>		12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
Prior application information: Examiner <b>Tung S. Lau</b> Art Unit: <b>2863</b>		13. <input checked="" type="checkbox"/> Preliminary Amendment	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
<b>19. CORRESPONDENCE ADDRESS</b>		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
<input checked="" type="checkbox"/> Customer Number: <b>24998</b> OR <input type="checkbox"/> Correspondence address below		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b> <b>Thomas J. D'Amico</b>		17. <input checked="" type="checkbox"/> Other: <b>Submission of Formal Drawings</b> <b>Six (6) sheets formal drawings</b>	
Address <b>2101 L Street NW</b>			
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20037-1526</b>	
Country <b>US</b>	Telephone <b>(202) 785-9700</b>	Fax <b>(202) 887-0689</b>	
Name (Print/Type) <b>Thomas J. D'Amico</b>	Registration No. (Attorney/Agent) <b>28,371</b>		
Signature	Date <b>February 5, 2004</b>		

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 0; font-size: small;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																													
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<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Check    <input checked="" type="checkbox"/> Credit Card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None</div><div><input checked="" type="checkbox"/> Deposit Account:</div></div> <div style="margin-top: 5px;">Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">04-1073</span></div> <div style="margin-top: 5px;">Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span></div> <div style="margin-top: 5px;">The Director is authorized to: (check all that apply)</div> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Charge fee(s) indicated below</div><div><input checked="" type="checkbox"/> Credit any overpayments</div></div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>																																																																																																																																																																																																																																															
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<b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td style="text-align: center;">770.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td style="text-align: center;">(\$) 770.00</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee	770.00	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$) 770.00	<b>3. 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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <div style="margin-top: 10px;">Total Claims: <span style="border: 1px solid black; padding: 0 10px;">22</span> -20** = <span style="border: 1px solid black; padding: 0 10px;">2</span> x <span style="border: 1px solid black; padding: 0 10px;">18.00</span> = <span style="border: 1px solid black; padding: 0 10px;">36.00</span></div> <div style="margin-top: 5px;">Independent Claims: <span style="border: 1px solid black; padding: 0 10px;">3</span> -3** = <span style="border: 1px solid black; padding: 0 10px;"></span> x <span style="border: 1px solid black; padding: 0 10px;"></span> = <span style="border: 1px solid black; padding: 0 10px;">0.00</span></div> <div style="margin-top: 5px;">Multiple Dependent: <span style="border: 1px solid black; padding: 0 10px;"></span> = <span style="border: 1px solid black; padding: 0 10px;"></span></div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small; margin-top: 10px;"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td style="text-align: center;">(\$) 36.00</td></tr></tbody></table> <div style="margin-top: 5px; font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</div>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$) 36.00																																																																																																																																																																																																
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Name (Print/Type) Thomas J. D'Amico		Registration No. (Attorney/Agent) 28,371		Telephone (202) 828-2232																																																																																																																																																																																																																																											
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